## PETITION FOR ARBITRATION OF DISPUTED FEE

TO:	THE FEE ARBITRATION COMMITTEE		OFFICE USE ONLY	
	THE NORTH CAROLINA STATE BAR		FILE NUMBER	
	PO BOX 25908			
	RALEIGH, NC 27611 TELEPHONE: (919)828-4620	-	DISTRICT:	
	12221 110N2. (313)020 4020	L	DIOTINOT:	
belo my p	e undersigned, hereby request arbitration of the understand that although the State Bar moetition and the attorney's response, I am still vailable in civil court.	nay decline to ark	bitrate my dispute after reviewing	
Name of Petitioner		Name of Attorney		
 Addre	ess	Address		
City, State, and Zip		City, State, and Zip Phone		
Pleas	e Phone Work Phone se check the phone number where you can best be sed during the day.			
Signa	ature of Petitioner	Date		
	las the attorney filed a court action to collect th		YES NO	
	ou <u>must</u> have made a reasonable attempt ttorney before the State Bar will consider ark ave made to resolve this dispute.	oitration. Please	e state briefly what attempts you	

3.	For what kind of legal matter were you hiring this attorney (e.g. domestic matter, crimina representation, will, real estate, civil litigation, etc.)?			
4.	Was there a written fee agreement? YES   NO   If yes, then please include a copy			
5.	When did you hire this attorney?  How long did the attorney represent you?			
	How much have you been billed for legal fees?  How much have you paid the attorney in legal fees?  How much of the fee are you disputing?  If you have invoices or other documents which you feel would be helpful to the State Bar in understanding your position, please include them.			
7.	How did you hear about this program?			
8.	Please briefly state what the attorney was supposed to do for you, what the fee arrangement was, what portion of the fee you dispute and why.			

\*NOTE: Please attach copies of any documentation in your possession that would support your position in this dispute. Your petition will not be processed unless you have fully completed this

form.